

JASON M. GALLINA, M.D., P.C.

Orthopaedic Spine Surgery

205 E. 42nd Street, 20th Floor
New York, NY 10017
Tel. (212) 616-4130. Fax (212)
983-0483541 Cedar Hill Avenue
Wyckoff, NJ 07481
Tel. (201) 447-0550. Fax (201)
447-5233**Patient:** SHAARILLE LINZY
Provider: Jason Gallina, MD**Date of Birth:** 11/15/1988
Referring Provider:**Sex:** Female**MRN:** 00029639
Date of Visit: 09/16/2020**Chief Complaint**Neck Pain with radiating arm pain.
Low Back Pain with radiating leg pain**History of Present Illness(HPI)**

This is a very nice patient who was involved in a motor vehicle accident on 12/5/2019. They were taken to the emergency room at Jacobi Medical center, where they were evaluated and treated.

They are complaining of low back pain with right greater than left radiating leg pain. This is associated with numbness and paresthesias down the leg. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care. They have been treated with lumbar epidural injections. They have received a total of 1 injections. These injections gave them temporary transient relief of their pain, but their pain ultimately returned.

They are also complaining of neck pain with right greater than left radiating arm pain. This is associated with numbness and paresthesias down the arm. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care.

Current MedicationsMuscle Relaxers
Motrin**Current Allergies**

No Known Allergies

Social History ✓ Reviewed**Smoking Status (MU)**Smokes :

Yes

Smoking Status (MU)

Smoking Status : Current some day smoker

FamilyNeed Interpreter?

Need Interpreter: No

Use of Drugs/Alcohol/TobaccoDo you drink alcohol

Do you drink alcohol?: occasionally, socially

Surgical History

No Known Surgical History

Past Medical History / Current Problems ✓ ReviewedHypertension: ICD9:401.9 ICD10:I10 SNOMED:38341003Status is **Current**;**Physical Exam****Abnormal Cervical and Abnormal Lumbar Exam****Cranial Nerve Examination**

_ Showed excellent ocular fixation without eye deviation and a full range of eye movements without nystagmus. Pupils were symmetrical and briskly responsive to light stimulation. Facial movements were symmetrical and hearing was grossly normal. There were no problems with oro-motor function. Visual fields were grossly normal.

Cervical Spine (Abnormal)

_ There is tenderness to palpation of the cervical spine musculature associated with muscle spasms.

Cervical Range of Motion (in degrees) (Abnormal)

	Movement	Degrees	Normal
Cervical Spine	Anterior flexion	30 degrees with pain	0-60 normal
Cervical Spine	Extension	20 degrees with pain	0-60
Cervical Spine	Left lateral rotation	40 degrees with pain	0-80
Cervical Spine	Left lateral flexion	35 degrees with pain	0-50
Cervical Spine	Right lateral rotation	30 degrees with pain	0-80
Cervical Spine	Right lateral flexion	25 degrees with pain	0-50
-	All range of motion measurements were made without forcing the examinee beyond the point where pain was reported.		

Lumbar Spine (Abnormal)

_ There is tenderness to palpation of the lumbar spine musculature and muscle spasms.

Lumbar Range of Motion (in degrees) (Abnormal)

	Movement	Degrees	Normal
Lumbar Spine	Forward flexion	30 degrees with pain	0-90 normal
Lumbar Spine	Extension	10 degrees with pain	0-25
Lumbar Spine	Left lateral flexion	10 degrees with pain	0-25
Lumbar Spine	Right lateral flexion	10 degrees with pain	0-30
-	All range of motion measurements were made without forcing the examinee beyond the point where pain was reported.		

Motor System

_ There is no muscle atrophy. Posture is erect.

Cervical Manual Muscle Testing - Abnormal

	Right	Left
Shoulder Adduction	5/5	5/5
Shoulder Abduction	5/5	5/5

Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Flexion	5/5	5/5
Elbow Extension	5/5	5/5
Wrist Extension	5/5	5/5
Wrist Flexion	5/5	5/5
Finger Extension	5/5	5/5
Finger Flexion	5/5	5/5
Finger Adduction	5/5	5/5
Finger Abduction	5/5	5/5
Thumb Radial Abduction	5/5	5/5
Thumb Opposition	5/5	5/5
Abduction 5 Finger	5/5	5/5

Lumbar Manual Muscle Testing - Abnormal

	Right	Left
Hip Flexion	5/5	5/5
Hip Extension	5/5	5/5
Thigh Abduction	5/5	5/5
Thigh Adduction	5/5	5/5
Knee Flexion	5/5	5/5
Knee Extension	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5
Ankle Eversion	5/5	5/5
Ankle Inversion	5/5	5/5
Extensor Hallucis Longus	5/5	5/5
Flexor Hallucis Longus	5/5	5/5

Neurology Provocative - Abnormal

	Right	Left
Straight Leg Raise	Positive with Back Pain	Positive with Back Pain
Contralateral Straight Leg Raise	Negative	Negative
Femoral Stretch Test	Negative	Negative
Spurling Sign	Positive	Positive
Lhermitte's Sign	Negative	Negative
FABER/Patrick	Negative	Negative

Gait - Abnormal

– The patient's gait appears to be asymmetric and abnormal. The patient is able to heel walk and toe walk.

Cerebellar Examination (Coordination)

_ Finger-nose-finger function is normal. Rapid alternating movements involving pronation and supination (Dysdiadochokinesia) is normally performed, as well as rapid succession movements involving apposition of thumb to the other four fingers. Heel to shin coordination testing is normal. Romberg's test was negative.

Sensory Examination - Abnormal

_ Was normal bilateral arms and lower legs.

Reflexes - Abnormal

	Right	Left
Biceps	1	1
Brachioradialis	2	2
Triceps	2	2
Patellar	2	2
Achilles	Absent	Absent
Babinski's Test	Flexor	Flexor
Hoffman Sign	Negative	Negative
Clonus	Negative	Negative

Pulses

	Right	Left
Radial	Present	Present
Ulna	Present	Present
Dorsalis Pedis	Present	Present
Posterior Tibial	Present	Present

Vitals

Weight: 217 NA

Height: 63 Inches

BMI: 38.4 kg/m²

Lumbar Spine:

An MRI of the lumbar spine performed on 1-28-20 reveals a left sided disk herniation.

Cervical Spine:

An MRI of the cervical spine performed on 1-28-20 reveals no surgical disk herniation.

Assessment

Lumbar disc herniation (M51.26)

Assessment: Low back pain with bilateral, right greater than left, radiating leg pain.

Plan:

In terms of the lumbar spine:

She has failed conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

The patient is to obtain x rays of their lumbar spine.

They have failed 1 L-ESI's thus far with transient relief of her symptoms.

I am recommending a left sided L4-L5 hemilaminotomy.

Cervical disc herniation (M50.20)

Assessment: Neck pain with bilateral, right greater than left, radiating arm pain.

Plan:

In terms of the cervical spine:

I am recommending that the patient continue conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

The patient is to obtain x rays of their cervical spine.

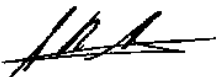
I am recommending that the patient obtain a pain management consult for an epidural steroid injection.

ICD: Disc displacement, lumbar (M51.26)

ICD: Cervical disc herniation (M50.20)

Charge Capture

99205 (D1: M51.26; D2: M50.20)



Jason Gallina, M.D.

This has been electronically signed by Jason Gallina, M.D. on 09/16/2020

EXHIBIT A

JASON M. GALLINA, M.D., P.C.

Orthopaedic Spine Surgery

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983-0483541 Cedar Hill Avenue
Wyckoff, NJ 07481
Tel. (201) 447-0550. Fax (201)
447-5233**Patient:** SHAARILLE LINZY
Provider: Jason Gallina, MD**Date of Birth:** 11/15/1988
Referring Provider:**Sex:** Female**MRN:** 00029639
Date of Visit: 10/21/2020**Chief Complaint**Neck Pain with radiating arm pain.
Low Back Pain with radiating leg pain**History of Present Illness(HPI)**

This is a very nice patient who was involved in a motor vehicle accident on 12/5/2019. They were taken to the emergency room at Jacobi Medical center, where they were evaluated and treated.

They are complaining of low back pain with right greater than left radiating leg pain. This is associated with numbness and paresthesias down the leg. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care. They have been treated with lumbar epidural injections. They have received a total of 1 injections. These injections gave them temporary transient relief of their pain, but their pain ultimately returned.

They are also complaining of neck pain with right greater than left radiating arm pain. This is associated with numbness and paresthesias down the arm. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care.

Current Allergies

No Known Allergies

Social History ✓ Reviewed**Smoking Status (MU)**Smokes :

Yes

Smoking Status (MU)

Smoking Status : Current some day smoker

FamilyNeed Interpreter?

Need Interpreter: No

Use of Drugs/Alcohol/TobaccoDo you drink alcohol

Do you drink alcohol?: occasionally, socially

Surgical History

No Known Surgical History

Past Medical History / Current Problems ✓ Reviewed

Hypertension: ICD9:401.9 ICD10:I10 SNOMED:38341003

Status is **Current**;

Physical Exam

Abnormal Cervical and Abnormal Lumbar Exam

Cranial Nerve Examination

_ Showed excellent ocular fixation without eye deviation and a full range of eye movements without nystagmus. Pupils were symmetrical and briskly responsive to light stimulation. Facial movements were symmetrical and hearing was grossly normal. There were no problems with oro-motor function. Visual fields were grossly normal.

Cervical Spine (Abnormal)

_ There is tenderness to palpation of the cervical spine musculature associated with muscle spasms.

Cervical Range of Motion (in degrees) (Abnormal)

	Movement	Degrees	Normal
Cervical Spine	Anterior flexion	30 degrees with pain	0-60 normal
Cervical Spine	Extension	20 degrees with pain	0-60
Cervical Spine	Left lateral rotation	40 degrees with pain	0-80
Cervical Spine	Left lateral flexion	35 degrees with pain	0-50
Cervical Spine	Right lateral rotation	30 degrees with pain	0-80
Cervical Spine	Right lateral flexion	25 degrees with pain	0-50
-	All range of motion measurements were made without forcing the examinee beyond the point where pain was reported.		

Lumbar Spine (Abnormal)

_ There is tenderness to palpation of the lumbar spine musculature and muscle spasms.

Lumbar Range of Motion (in degrees) (Abnormal)

	Movement	Degrees	Normal
Lumbar Spine	Forward flexion	30 degrees with pain	0-90 normal
Lumbar Spine	Extension	10 degrees with pain	0-25
Lumbar Spine	Left lateral flexion	10 degrees with pain	0-25
Lumbar Spine	Right lateral flexion	10 degrees with pain	0-30
-	All range of motion measurements were made without forcing the examinee beyond the point where pain was reported.		

Motor System

_ There is no muscle atrophy. Posture is erect.

Cervical Manual Muscle Testing - Abnormal

	Right	Left
Shoulder Adduction	5/5	5/5
Shoulder Abduction	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Flexion	5/5	5/5
Elbow Extension	5/5	5/5

Wrist Extension	5/5	5/5
Wrist Flexion	5/5	5/5
Finger Extension	5/5	5/5
Finger Flexion	5/5	5/5
Finger Adduction	5/5	5/5
Finger Abduction	5/5	5/5
Thumb Radial Abduction	5/5	5/5
Thumb Opposition	5/5	5/5
Abduction 5 Finger	5/5	5/5

Lumbar Manual Muscle Testing - Abnormal

	Right	Left
Hip Flexion	5/5	5/5
Hip Extension	5/5	5/5
Thigh Abduction	5/5	5/5
Thigh Adduction	5/5	5/5
Knee Flexion	5/5	5/5
Knee Extension	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5
Ankle Eversion	5/5	5/5
Ankle Inversion	5/5	5/5
Extensor Hallucis Longus	5/5	5/5
Flexor Hallucis Longus	5/5	5/5

Neurology Provocative - Abnormal

	Right	Left
Straight Leg Raise	Positive with Back Pain	Positive with Back Pain
Contralateral Straight Leg Raise	Negative	Negative
Femoral Stretch Test	Negative	Negative
Spurling Sign	Positive	Positive
Lhermitte's Sign	Negative	Negative
FABER/Patrick	Negative	Negative

Gait - Abnormal

– The patient's gait appears to be asymmetric and abnormal. The patient is able to heel walk and toe walk.

Cerebellar Examination (Coordination)

– Finger-nose-finger function is normal. Rapid alternating movements involving pronation and supination (Dysdiadochokinesia) is normally performed, as well as rapid succession movements involving apposition of thumb to the other four fingers. Heel to shin coordination testing is normal. Romberg's test was negative.

Sensory Examination - Abnormal

– Was normal bilateral arms and lower legs.

Reflexes - Abnormal

	Right	Left
Biceps	1	1
Brachioradialis	2	2
Triceps	2	2
Patellar	2	2
Achilles	Absent	Absent
Babinski's Test	Flexor	Flexor
Hoffman Sign	Negative	Negative
Clonus	Negative	Negative

Pulses

	Right	Left
Radial	Present	Present
Ulna	Present	Present
Dorsalis Pedis	Present	Present
Posterior Tibial	Present	Present

Orthopedics**Lumbar Spine:**

An MRI of the lumbar spine performed on 1-28-20 reveals a left sided disk herniation.

Cervical Spine:

An MRI of the cervical spine performed on 1-28-20 reveals no surgical disk herniation.

AssessmentLumbar disc herniation (M51.26)

Assessment: Low back pain with bilateral, right greater than left, radiating leg pain.

Plan:

In terms of the lumbar spine:

She has failed conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

I am recommending xrays of the lumbar spine.

They have failed 1 L-ESI's thus far with transient relief of her symptoms.

I am recommending a left sided L4-L5 hemilaminotomy.

Cervical disc herniation (M50.20)

Assessment: Neck pain with bilateral, right greater than left, radiating arm pain.

Plan:

In terms of the cervical spine:

I am recommending that the patient continue conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

I am recommending xrays of the cervical spine.

I am recommending that the patient obtain a pain management consult for an epidural steroid injection.

ICD: Disc displacement, lumbar (M51.26)

ICD: Cervical disc herniation (M50.20)

Charge Capture

99215 (D1: M50.20; D2: M51.26)



Jason Gallina, M.D.

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Tel. (201) 447-0550. Fax (201)
447-5233**Patient:** SHAARILLE LINZY
Provider: Jason Gallina, MD**Date of Birth:** 11/15/1988
Referring Provider:**Sex:** Female**MRN:** 00029639
Date of Visit: 02/17/2021**Chief Complaint**Neck Pain with radiating arm pain.
Low Back Pain with radiating leg pain**History of Present Illness(HPI)**

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Today she is here for a surgical discussion.

They are also complaining of neck pain with right greater than left radiating arm pain. This is associated with numbness and paresthesias down the arm. They have been treated with oral pain medications, physical therapy, acupuncture, chiropractic care.

Current MedicationsMuscle Relaxers
Motrin**Current Allergies**

No Known Allergies

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YesSmoking Status (MU)

Smoking Status : Current some day smoker

FamilyNeed Interpreter?
Need Interpreter: No**Use of Drugs/Alcohol/Tobacco**

Do you drink alcohol

Do you drink alcohol?: occasionally, socially

Surgical History

No Known Surgical History

Past Medical History / Current Problems Reviewed

Hypertension: ICD9:401.9 ICD10:I10 SNOMED:38341003

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Cervical Spine	Right lateral rotation	30 degrees with pain	0-80
Cervical Spine	Right lateral flexion	25 degrees with pain	0-50
-	All range of motion measurements were made without forcing the examinee beyond the point where pain was reported.		

Lumbar Spine (Abnormal)

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Lumbar Range of Motion (in degrees) (Abnormal)

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Motor System

_ There is no muscle atrophy. Posture is erect.

Cervical Manual Muscle Testing - Abnormal

Right	Left
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Shoulder Adduction	5/5	5/5
Shoulder Abduction	5/5	5/5
Shoulder External Rotation	5/5	5/5
Shoulder Internal Rotation	5/5	5/5
Elbow Flexion	5/5	5/5
Elbow Extension	5/5	5/5
Wrist Extension	5/5	5/5
Wrist Flexion	5/5	5/5
Finger Extension	5/5	5/5
Finger Flexion	5/5	5/5
Finger Adduction	5/5	5/5
Finger Abduction	5/5	5/5
Thumb Radial Abduction	5/5	5/5
Thumb Opposition	5/5	5/5
Abduction 5 Finger	5/5	5/5

Lumbar Manual Muscle Testing - Abnormal

	Right	Left
Hip Flexion	5/5	5/5
Hip Extension	5/5	5/5
Thigh Abduction	5/5	5/5
Thigh Adduction	5/5	5/5
Knee Flexion	5/5	5/5
Knee Extension	5/5	5/5
Ankle Dorsiflexion	5/5	5/5
Ankle Plantarflexion	5/5	5/5
Ankle Eversion	5/5	5/5
Ankle Inversion	5/5	5/5
Extensor Hallucis Longus	5/5	5/5
Flexor Hallucis Longus	5/5	5/5

Neurology Provocative - Abnormal

	Right	Left
Straight Leg Raise	Positive with Back Pain	Positive with Back Pain
Contralateral Straight Leg Raise	Negative	Negative
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Spurling Sign	Positive	Positive
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– The patient's gait appears to be asymmetric and abnormal. The patient is able to heel walk and toe walk.

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– Finger-nose-finger function is normal. Rapid alternating movements involving pronation and supination (Dysdiadochokinesia) is normally performed, as well as rapid succession movements involving apposition of thumb to the other four fingers. Heel to shin coordination testing is normal. Romberg's test was negative.

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– Was normal bilateral arms and lower legs.

Reflexes - Abnormal

	Right	Left
Biceps	1	1
Brachioradialis	2	2
Triceps	2	2
Patellar	2	2
Achilles	Absent	Absent
Babinski's Test	Flexor	Flexor
Hoffman Sign	Negative	Negative
Clonus	Negative	Negative

Pulses

	Right	Left
Radial	Present	Present
Ulna	Present	Present
Dorsalis Pedis	Present	Present
Posterior Tibial	Present	Present

Orthopedics

Lumbar Spine:

An MRI of the lumbar spine performed on 1-28-20 reveals a left sided disk herniation.

Cervical Spine:

An MRI of the cervical spine performed on 1-28-20 reveals no surgical disk herniation.

Assessment

Lumbar disc herniation (M51.26)

Assessment: Low back pain with bilateral, right greater than left, radiating leg pain.

Plan:

In terms of the lumbar spine:

She has failed conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

I am recommending xrays of the lumbar spine.

They have failed 1 L-ESI's thus far with transient relief of her symptoms.

I am recommending a left sided L4-L5 hemilaminotomy.

Pre-admission testing as well as medical clearance will be obtained.

We discussed the risks of surgery which include, but are not limited to, continued and/or new back and/or leg pain, numbness, tingling, weakness, infection, dural tear, and neurologic compromise.

The findings, natural history, and treatment options were discussed with the patient. We discussed the role of nonoperative

treatment, pain management, and surgical intervention.
The patient has elected for surgical treatment.

Cervical disc herniation (M50.20)

Assessment: Neck pain with bilateral, right greater than left, radiating arm pain.

Plan:

In terms of the cervical spine:

I am recommending that the patient continue conservative treatment consisting of physical therapy, anti-inflammatory medication, pilates and/or yoga.

I am recommending xrays of the cervical spine.

I am recommending that the patient obtain a pain management consult for an epidural steroid injection.

ICD: Disc displacement, lumbar (M51.26)

ICD: Cervical disc herniation (M50.20)

Charge Capture

99215 (D1: M51.26; D2: M50.20)



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